

INFORMATION TO BE OBTAINED FROM RECEIVING PARENTS

(Please complete all items on form)

NOTE: The information you give will be held confidential. Filling out this form does not in anyway bind you or us if you should later decide not to continue your application for permission to receive a child.

Husband: Name _____ and _____
(Last) (Husband's Name) (Wife's First and Maiden Name)

Husband's Social Security Number _____

Wife's Social Security Number _____

Address: _____
(Street #, P.O. Box or RFD) (Town) (County) (State) (Zip Code)

How long have you lived at this address? _____

If less than five years at current address, list previous address(es) _____

Telephone Number _____
(or nearest phone) Home (Area Code) - Number Work (Area Code) - Number

Directions for reaching the home _____

THE FAMILY

Members of Family in Home	Date and year of Birth	Sex	Religion	Race	Birthplace City, County, State	Last School Grade Completed	Adult Occupation or Child's School
Husband							
Wife							
Child							
Child							
Child							
Others Living in Home							

DESCRIPTION OF APPLICANTS

Height	Weight	Color of Eyes	Color of Hair	Complexion
Husband				
Wife				
Child				
Child				
Child				

MARITAL HISTORY

Date of Marriage _____ By whom married and where _____

Where was license bought? _____

PREVIOUS MARRIAGES

	Name of Spouse	Date of Marriage	Place- County/State	Reason Terminated (Death/Divorce)	Date	Place
Husband						
Wife						

Attach clerk certified verifications of current marriage and prior divorces.

Children by Previous Marriages and Their Living Arrangements

Husband's

Child's Name	Age	Education	Address
1. _____			
2. _____			
3. _____			
4. _____			

Wife's

Child's Name	Age	Education	Address
1. _____			
2. _____			
3. _____			
4. _____			

Other Children Residing Away From Home

Child's Name	Age	Education	Address
1. _____			
2. _____			
3. _____			
4. _____			

Child's Name	Age	Education	Address
1. _____			
2. _____			
3. _____			
4. _____			

List mother, father, brothers, sisters. If deceased, give date and cause of death. (If necessary, use separate sheet)

Family of Husband	Address	Age	Education	Occupation	No. Children
Family of Wife	Address	Age	Education	Occupation	No. Children

State reason for wanting to adopt this child:

State how independent arrangement to adopt this child was made:

List specific financial arrangements between you and the birth parent or any agent arranging this placement:

Have you ever applied to take a child from this agency or any other agency or person? Yes ____ No ____
 If so, from whom? _____ Name of Child _____

Have you ever applied to receive a child from any agency or person? Yes ____ No ____
 If so, from whom? _____

LIST EMPLOYMENT FOR PAST FIVE YEARS AS REFERENCES

Name and address of Husband's employer: _____

Title of Position _____

Usual Wage _____

Date first employed here _____

Previous employment with dates _____

Give dates of military service _____

Type of Discharge _____

Name and address of Wife's employer: _____

Title of Position _____

Usual Wage _____

Date first employed here _____

Previous employment with dates _____

Give dates of military service _____

Type of Discharge _____

Annual net income _____ If farming, do you own or rent? ☐ Own ☐ Rent No. of Acres _____Do you own your own home? Yes ☐ No ☐ Present Valuation _____ Present Mortgage _____

If rented, what is monthly rent? _____ If buying on contract, what are contract payments? _____

No. of rooms _____ Will child have a room of his own? Yes ☐ No ☐

Location and value of any other property owned _____

Other income _____ Other indebtedness _____ Savings _____

Total Annual Income from All Sources _____

INSURANCE - PENSIONS OR ANNUITIES
(Include Retirement, Social Security, Etc.)

Amount	Type	Company	On Husband, Wife Children
Amount	Type	MEDICAL INSURANCE Company	On Husband, Wife Children

FINANCIAL STATEMENT

Monthly Income and Other Assets

HUSBAND

WIFE

Gross Salary (per month) _____

Net Salary (per month) _____

Other Income (per month) _____

Savings Account _____

Checking Account _____

Other (Investments, etc.) _____

Monthly Expenditures

[†] <http://www.elsevier.com/locate/bsc>

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REFERENCES

Members of family, other relatives or neighbors may be listed under personal references

Address (include zip code).

Husband's Physician: _____

Wife's Physician: _____

Clergyman (Optional): _____

Credit 1: _____ Acct # _____

Credit 2: _____ Acct. # _____

Personal 1: _____

Personal 2: _____

Relative 1: _____

1. Have either of you ever been fined or convicted for violation of any law or are you now under charges for any violation of law? Yes _____ No _____ If yes, please give details. _____

2. Are either of you currently involved in a civil suit or now paying a judgment in a civil action?
Yes _____ No _____ If yes, please give details.

3. Have either of you ever had any mental, emotional, or nervous condition which required treatment?
Yes _____ No _____ If yes, please give details, including physician's name and address.

4. Have either of you ever been accused of child or spouse abuse? Yes _____ No _____

ATTACH DISTRICT COURT CLERK CERTIFIED RECORD SEARCH COMPLETED IN YOUR COUNTY OF RESIDENCE.

NOTE: The above information is true and complete to the best of our knowledge and belief. We are aware that should investigation disclose misrepresentations or falsification, our application will be **DENIED**.

Signed: _____
(Husband)

(Wife)

(Date)